

# Connecticut State Innovation Model

## Work Stream Update

January 2019



- Wave 1 Community & Clinical Integration Participants including Community Health Center Inc., Northeast Medical Group, and Value Care Alliance presented to the Health Innovation Steering Committee (HISC) providing an update on their progress in the program.
- The Practice Transformation Task Force (PTTF) [approved](#) 10 Adult Capabilities, 2 Universal Capabilities, and 5 Pediatric Capabilities for the Primary Care Modernization initiative plan. The recommendations represent the core and elective capabilities that participating healthcare organizations would work toward implementing during a primary care demonstration.
- The Health Information Technology Office (HITO) submitted the IAPD and SMHP to CMS. OHS has requested over \$50 Million dollars for a broad range of activities including: (1) continuation of previously approved FFY19 activities; (2) Technical assistance and onboarding support and connection for healthcare organization to the HIE Entity; (3) Development of the Use Cases utilizing the Use Case Factory model; (4) additional funds for planning and development of other priority use case and initiatives.
- Significant progress has been made with regards to initial activities for onboarding eCQM Model participants. The goal to have to have data flowing from participants via C-CDA's securely transported to the CDAS by the end of March.
- The Health Enhancement Community report was open for public comment and the Population Health Team continued stakeholder engagement as efforts continued on the Population Health project plan moving forward following public comment.
- Contracts with the Prevention Services Initiative Technical Assistance vendor and 5 Community Based Organizations (CBOs) and 5 Advanced Networks/FQHC for linkage model partnerships were executed.
- Continued [recruiting efforts](#) for the second technical assistance cohort, set to launch in March. Interested employers can [apply here](#).
- The Community Health Worker Team is presently engaged with advocacy groups, Health Equity Solutions, Hispanic Health Council and the CHW Association of CT to strategize a plan to get Certification of CHWs passed.
- OHS established an agreement with Marie Smith at UConn to provide subject matter support to the CCIP participants on comprehensive medication management and the integration of pharmacists into care teams.
- OHS identified a vendor to provide technical assistance to the 8 FQHCs participating in both PCMH+ and the Practice Transformation Network grant. The TA will focus on the CCIP Health Equity Improvement Standard which is required for all PCMH+ participants
- The AY4 Operational Plan was approved by CMMI and the Notice of Award was issued

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
Healthcare Innovation Steering Committee (HISC)	<i>Health Enhancement Communities  PCMH+</i>	<ul style="list-style-type: none"> <li>Wave 1 Community &amp; Clinical Integration Participants including Community Health Center Inc., Northeast Medical Group, and Value Care Alliance presented their progress to date in the program.</li> <li>A brief update on Primary Care Modernization was shared.</li> <li>The <a href="#">meeting presentation</a> can be found here.</li> </ul>	<ul style="list-style-type: none"> <li>Nominate Population Health Council member representing the Community Action Agencies</li> <li>Review Primary Care Modernization Capabilities recommended by the Practice Transformation Task Force</li> </ul>	2/14/19
Consumer Advisory Board (CAB)	<i>Consumer input on barriers to appropriate healthcare  Healthcare Reform</i>	<ul style="list-style-type: none"> <li>Consumer Engagement Coordinator continues to conduct outreach to community organizations for continued consumer engagement events</li> <li>CAB members and consumers continue representation on PCM Design groups (Diverse Care Teams, Community Integration, Adult Behavioral Health, Pediatrics, Genomics, People with Disabilities, Pain Management) - providing questions and concerns addressed in the design group process</li> <li>CAB members and consumers continue to provide feedback on HEC Model and PCM Payment Reform</li> </ul>	<ul style="list-style-type: none"> <li>CAB to continue consumer engagement events for 2019 (Young Adults Event scheduled for March; Caregiver Event TBD)</li> <li>CAB to continue participation on PCM Design Groups, HEC Model and PCM Payment Reform and continued feedback on process</li> <li>Begin planning for stakeholder engagement on PCM and HEC</li> </ul>	CAB meeting 2/5/19
Practice Transformation Task Force (PTTF)	<i>Primary Care Modernization</i>	<ul style="list-style-type: none"> <li>Discussed the Pediatric Behavioral Health and Universal Home Visits for Newborns capabilities</li> <li><a href="#">Approved</a> 10 Adult Capabilities, 2 Universal Capabilities, and 5 Pediatric Capabilities for the Primary Care Modernization initiative plan. The recommendations represent the core and elective capabilities that participating healthcare organizations would work toward implementing during a primary care demonstration.</li> </ul>	<ul style="list-style-type: none"> <li>Review recommendations from the Payment Reform Council. These recommendations will include payment strategies to support the care delivery capabilities approved in January.</li> </ul>	March TBD

**Health  
Information  
Technology  
(HIT)**

*IAPD-U*

*HIE Entity*

*eCQM/CDAS*

*Health Equity*

- The [Health IT Advisory Council](#) met on 01/17/19 with the primary discussion around the state's submission on the IAPD and SMHP. Status updates was provided on the SUPPORT act and the formation of the Consent Design Group.
- [Medication Reconciliation & Polypharmacy Group](#) formed and held subcommittee meetings in the month of January. Subcommittees include: (1) Technology and Innovation; (2) Medication Reconciliation & Prescribing, (3) Engagement and Safety, and (4) Policy.
- The IAPD and SMHP were submitted on January 31<sup>st</sup> to CMS. Funding approval is expected by April 2019. OHS has requested over \$50 Million dollars for a broad range of activities including: (1) continuation of previously approved FFY19 activities; (2) Technical assistance and onboarding support and connection for healthcare organization to the HIE Entity; (3) Development of the Use Cases utilizing the Use Case Factory model; (4) additional funds for planning and development of other priority use case and initiatives.
- The Health Equity Data Analytics (HEDA) project continues phase 2 of its work – Discovery and Analysis.
- We have made significant progress with regards to initial activities for onboarding eCQM Model participants. It is our goal to have to have data flowing from participants via C-CDA's securely transported to the CDAS by the end of March.
- Development of a preliminary draft of a Trust Agreement and Framework for the HIE Entity with a corresponding deployment plan.
- Submission of all OHS draft agreements for the IAPD to be submitted in mid-February to CMS.
- Consent Design Group will be formed in February and meet beginning of January.
- Execution of Legal documents with eCQM Model participants. Finalization of legal agreements with payors.
- Obtainment of signature of incorporators for articles of incorporation for HIE Entity including Secretary of State signature, filing of articles with the State of Connecticut, organizational meeting of board members to review and approval bylaws and conflict of interest policy. Finalization of business plan. Once entity incorporated additional staff to be hired to support work activities as needed.
- HIT Advisory Council 2/21/19
- MRP Work Group 2/20/19

	<ul style="list-style-type: none"> <li>In addition to the Medication Reconciliation and eCQM Model use case, additional progress has been made on HIE use cases with regards to Clinical Encounter Alerts and IIS. Supporting operational and technical documentation for clinical encounter alerts has been developed. IIS has deployed - it's application and has begun to onboarding participants. OHS has developed a draft onboarding use case summary.</li> </ul>
<b>Quality Council (QC)</b>	<ul style="list-style-type: none"> <li>See Evaluation Section</li> </ul>
<b>Population Health Planning (DPH)</b>  <i>Health Enhancement Communities</i>  <i>Prevention Services Initiative</i>	<ul style="list-style-type: none"> <li>HMA/DPH/OHS continued stakeholder engagement during the HEC report public comment period as efforts continued on the Population Health project plan moving forward following public comment.</li> <li>DPH conducted calls with Reference Communities to provide updates on the current status and to solicit community feedback on the HEC report.</li> <li>Executed STATE contracts with PSI TA vendor and 5 CBO and 5 AN/FQHC linkage model contracts. Facilitate contractual agreements for 6 linkage model partnerships, 1 for asthma and 5 for diabetes self-management EBPs between CBOs and AN/FQHCs.</li> <li>BRFSS achieved successful completion of the 2018 data collection. There were 11,062 interviews collected for 2018 (preliminary total), and the CT 2019 BRFSS was launched on January 11th</li> </ul> <ul style="list-style-type: none"> <li>Compile feedback on a rolling basis to complete a disposition summary of all public comments to be shared in the February Population Health Council meeting.</li> <li>TA provider will support the delivery of effective and financially sound diabetes and asthma preventive services.</li> <li>Contractors will actively participate in TA including peer-learning activities, partnership calls and initiative evaluation efforts.</li> <li>DPH BRFSS staff will continue to explore topics from CT BRFSS results that will help inform SIM-related work</li> </ul>

	<ul style="list-style-type: none"> <li>Surveillance Analysis &amp; Reporting (SAR) unit Epi staff abstracted the YR2002-2017 hospital-specific cost-to-charge ratios from the Office of Health Strategy website.</li> </ul>		
<b>Person Centered Medical Home Plus (PCMH+) &amp; Care Management Committee</b>	<ul style="list-style-type: none"> <li>Finalized PE monthly/quarterly report summaries</li> <li>Requested information to begin compliance reviews for Wave 2 PEs</li> <li>Prepared for first provider collaborative of 2019</li> </ul>	<ul style="list-style-type: none"> <li>Continue work on compliance reviews for new PEs</li> </ul>	2/13/19
<b>Value-based Insurance Design</b>	<ul style="list-style-type: none"> <li>Continued <a href="#">recruiting efforts</a> for the second technical assistance cohort, set to launch in March. Interested employers can <a href="#">apply here</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Launch second technical assistance cohort.</li> <li>Continue efforts to measure VBID uptake statewide.</li> </ul>	N/A
<b>UCONN Community Health Worker (CHW) Initiative</b>	<ul style="list-style-type: none"> <li>Continued work with Walker Group regarding the website tool “go fetch” a searchable database to provide assistance in searching for employment opportunities.</li> <li>Reviewed and approved design for the searchable database for the CHW training programs locally, regionally and nationally. Reviewed and updated 30 of the Core Competency programs.</li> <li>Developed 3 one pagers for marketing and recognized the need to hire an advertising consultant, who was brought on-board in early January.</li> <li>Marketing consultant developed the first drafts of the employer and CHW fact sheets and re-instated the social media platforms for use with the CHW presentations. In addition, we are working with the CT Health Foundation to combine forces promoting CHW certification.</li> </ul>	<ul style="list-style-type: none"> <li>Attend scheduled meetings with Bridgeport Hospital, Bristol Hospital and Yale New Haven Hospital to promote CHW Certification.</li> <li>Continued Collective strategies to working in the engagement of the CHW certification with Health Equity Solutions, Hispanic Health Council and CHW Association of CT.</li> </ul>	Scheduled meetings with Bridgeport Hospital, Bristol Hospital and Yale New Haven Hospital to promote CHW Certification for the month of February.

<p><b>UCONN Evaluation</b></p>		<ul style="list-style-type: none"> <li>• In building the CHW infrastructure, we met with DPH to discuss the CHW Association of CT and to look at what would be needed to build their capacity.</li> <li>• Consulted with CT Health Foundation’s communications staff to provide input on their CHW Certification information.</li> <li>• Presently engaged with a CHW Advocacy group with Health Equity Solutions, Hispanic Health Council and CHW Association of CT in advocacy plan to get Certification of CHWs passed.</li> </ul>		
	<p><i>Dashboard</i></p>	<ul style="list-style-type: none"> <li>• Continued data acquisition and analysis for <a href="#">dashboard</a></li> <li>• Completed commercial CAHPS administration</li> <li>• Completed 2017 VBID data collection, continued 2017 APM collection</li> <li>• Contributed to draft evaluation presentation for HISC</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of APCD data to set baselines and targets for healthcare delivery methods</li> <li>• Begin report on commercial CAHPS results</li> <li>• Complete APM reporting for 2017</li> </ul>	<p>n/a</p>
	<p><i>Scorecard</i></p> <ul style="list-style-type: none"> <li>• Continued analysis of commercial claims data and user interface development</li> <li>• Finalized provider lists with Advanced Networks and initiated communication with FQHCs on project and provider lists</li> <li>• Presented to Quality Council on status and methods, obtained feedback on methods</li> </ul>	<ul style="list-style-type: none"> <li>• Publish RFP for Physician Survey</li> <li>• Continue work on evaluation presentation to HISC</li> <li>• Continue user interface development and commercial claims analysis including integration of attribution module</li> <li>• Continue engagement with healthcare organizations including FQHCs</li> <li>• Present findings to Quality Council for feedback on methods</li> </ul>		

### Community and Clinical Integration Program

- IPRO, the Validation Vendor for CCIP joined each of the monthly CCIP check-in calls to prepare the Participants for the data collection process that will begin in late February. This process will assess participant progress in achieving the Standards.
- OHS established an agreement with Marie Smith at UConn to provide subject matter support to the CCIP participants on comprehensive medication management and the integration of pharmacists into care teams.
- OHS identified a vendor to provide technical assistance to the 8 FQHCs participating in both PCMH+ and the Practice Transformation Network grant. The TA will focus on the CCIP Health Equity Improvement Standard which is required for all PCMH+ participants.
- CCIP Wave 1 participants presented their progress in the program to date to the Steering Committee.
- The AY4 Operational Plan was approved by CMMI and the Notice of Award was issued
- Complete contract with CCIP Health Equity Improvement vendor.
- Launch validation process.
- Launch technical assistance with PTN participants to achieve the Health Equity Improvement standard.
- Host learning call on strategies for ED utilization reduction and community referral platforms.

### Grant Administration

#### ACRONYMS

**APCD** – All-Payers Claims Database

**AHCT** – Access Health Connecticut

**BRFSS** – Behavioral Risk Factor Surveillance System

**CAB** – Consumer Advisory Board

**CCIP** – Clinical & Community Integration Program

**CHW** – Community Health Worker

**CMC** – Care Management Committee

**CMMI** – Center for Medicare & Medicaid Innovations

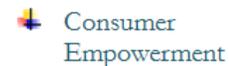
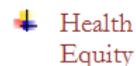
**DPH** – Department of Public Health

**DSS** – Department of Social Services

**EAC** – Equity and Access Council

**EHR** – Electronic Health Record

**HISC** – Healthcare Innovation Steering Committee



**HIT** – Health Information Technology

**MAPOC** – Medical Assistance Program Oversight Council

**MOA** – Memorandum of Agreement

**MQISSP** – Medicaid Quality Improvement and Shared Savings Program

**PCMH** – Patient Centered Medical Home

**PMO** – Program Management Office

**PTTF** – Practice Transformation Task Force

**QC** – Quality Council

**SIM** – State Innovation Model

**FQHC** – Federally Qualified Health Center

**RFP** – Request for Proposals

**OSC** – Office of the State Comptroller

**VBID** – Value-based Insurance Design

**The purpose of this document is to raise awareness among members of SIM Governance and SIM-funded work stream leads so that they can stay up-to-date about SIM progress, understand their work in context, and spot inter-dependencies where collaboration or coordination may be beneficial**

 Population Health

 Health Equity

 Healthcare Quality

 Consumer Empowerment

 Affordability